## State of Wisconsin Department of Safety & Professional Services

## **AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:			2) Date When Request Submitted:	
,				
Nifty Lynn Dio, Bureau Assistant			07/18/2016	
On behalf of Tom Ryan, Executive Director			Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
2) Name of Board Committee Council Costions:			date which is 8 busin	ess days before the meeting
3) Name of Board, Committee, Council, Sections:				
Telemedicine Rule Committee of the Medical Examining Board				
4) Meeting Date:				tled on the agenda page?
, ,	Yes			0 1 0
07/20/2016	No Additional Backgro		onal Background	Materials
7) Place Item in:	8) Is an appeara	8) Is an appearance before the Board being 9) Name of Case Advisor(s), if required:		
Open Session	scheduled?			
Closed Session		N/A		
	☐ Yes (Fill ou	Yes (Fill out Board Appearance Request)		
10) Describe the issue and action that should be addressed:				
Please review the linked article as additional background material				
http://www.ama-assn.org/ama/ama-wire/post/court-case-examines-telemedicine-safety-				
regulations?utm_source=BulletinHealthCare				
11) Authorization				
				<b></b>
Nifty Lynn Dio				07/18/2016
Signature of person making this request				Date
Supervisor (if required)				Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date				
Directions for including supporting documents:				
1. This form should be attached to any documents submitted to the agenda.				
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.				
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a				
meeting.				